

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 0 0 3

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003-04 \$ 3.25 millionb. FFY 2004-05 \$ 4.25 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, page 23d

10. SUBJECT OF AMENDMENT:

Presumptive Eligibility for children under age 19

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's Office
does not wish to review State Plan
Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

~~Carl L. Margolis, Esq.~~ Stan Rosenstein

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

2-19-03

16. RETURN TO:

Department of Health Services
714 P Street, Room 1640
Sacramento, CA 95814

ATTN: Rich Anselmo

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 19, 2003

18. DATE APPROVED:

5/6/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State/Territory: California

Citation	Groups Covered
1902(a)(10)(A) (ii)(XIII) of the Act	B. <u>Optional Coverage Other Than the Medically Needy</u> (Continued)
	for mail-in applications and California schools participating in the National School Lunch Program Medicaid expansion are designated as the only "Qualified Entities" to determine presumptive eligibility for children under 19.
	The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
	24. Working disabled individuals who meet the requirement of Section 1902(a)(10)(A)(ii)(XIII) who: (a) have net countable family income below 250 percent of the FPL (b) are disabled according to federal standards, and (c) except for earnings, the disabled individual must be eligible for benefits under the Supplemental Security Income/State Supplemental Program (SSI/SSP). The FPL for one is used if the individual is a child; if the applicant is unmarried; or the applicant is married but there is no income counted